

Family Responsibilities

I UNDERSTAND THE FOLLOWING TO BE MY RESPONSIBILITIES, EXPECTATIONS, AND RULES TO FOLLOW DURING MY TREATMENT AT _____:

(Name of program)

I will cooperate with staff in providing a safe and peaceful environment that excludes threatening and violent behavior and/or abusive language.

I will abide by _____ policy which prohibits corporal punishment as a means of disciplining children.
(Name of program)

I will not smoke in the facility.

I will give all medications including over-the-counter medication to staff for safekeeping and monitoring of use.

I will take all medications as prescribed by my physician and will clear use of any prescribed or over-the-counter medication(s) with the case manager prior to use.

I will limit my calls as described in the program rules.

I will not bring any weapons or illegal substances into the facility.

I will not bring any unauthorized guests or other individuals who might jeopardize the sobriety and safety of those in the house to the facility.

I will respect other resident's rights to privacy, respect, peace and quiet.

I will honor the confidentiality and privacy of others in the program.

I will actively participate in performing assigned household chores and complete duties in the time allotted.

I will participate in communal meal planning, shopping, and preparation. I will agree to donate my entire monthly food stamp allotment to purchase community food. I will share meals with other families in the house.

I will comply with the family life service plan including attending groups, individual, and family counseling.

I will submit to random and planned observed urine testing.

I will make up the beds and pick up my rooms and those of my children by _____ Monday- Friday and by _____ Saturday and Sunday. I will empty my trash regularly, attend to personal laundry on a regular basis, and keep no food in my room or those of my children.

I will utilize universal precautions in my daily living, hygiene, and cleaning habits.

I will clear all special visits or activities with staff through the advocacy process.

Signature of Resident

Date

